



Consolidated Water District #1

Leavenworth County

P.O. Box 419, 15520 Crestwood Dr.

Basehor, KS 66007 (913) 724-7000

Backflow Prevention Assembly

Test Report

Acct. # _____

Name _____

Address _____

City, State, Zip _____

Test Due No Later Than:

This report may be faxed to:
 913-724-1310

	Check if Correct	Corrections
Serial # _____	<input type="checkbox"/>	_____
Manufacturer _____	<input type="checkbox"/>	_____
Model _____	<input type="checkbox"/>	_____
Type _____	<input type="checkbox"/>	_____
Size _____	<input type="checkbox"/>	_____
Location _____	<input type="checkbox"/>	_____

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly		Relief Valve	
	Check Valve #1	Check Valve #2		
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	Air Inlet Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Check Valve Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Air Inlet Opened at _____ PSID
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Check Valve Opened at _____ PSID

Comments _____	Held Backpressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
	#2 Shut Off	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>

The above report is certified to be true **X**

	Date	Tester	Signature	Tester #	Test Kit	Pass/Fail
Initial Test						
Repairs						
Final Test						